

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
**10-500,918**  
APPLICANT(S) \_\_\_\_\_

FILING DATE \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6			0			
7			0			
8			1			
9				1		
10			0			
11				1		
12				1		
13				1		
14				1		
15				1		
16				1		
17			1			
18				1		
19				2		
20				2		
21				2		
22				1		
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49						
50						
TOTAL IND.			2			
TOTAL DEP.			24			
TOTAL CLAIMS			26			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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TOTAL CLAIMS						